



Taking Advanced Care Home

**Testimony
March 6, 2015**

Dear Senator Bye, Representative Walker and Honorable Members of the Appropriations Committee, my name is Kimberly Nystrom, President of New England Home Care.

I am here today to further explain the combined negative effects of the cuts in medication administration services in home care with the cuts to funding of certain DMHAS programs.

There is a very strong collaborative and intensive working relationship between psychiatric home care nurses and the LMHAS, Young Adult Services and WISE programs, which are DMHAS run or funded. These teams work collaboratively to ensure a seamless and integrated community based mental health system and to ensure individuals have a chance to successfully live with their mental illness in the community.

New England Home Care services about 1800 individuals living with mental illness in Connecticut. As psychiatric home care providers, we receive referrals directly from the acute hospitals and then work collaboratively to ensure the individuals remain connected to their primary, local mental health program for primary care, counseling and other supportive services. Our primary service areas include Hartford, Windsor, Enfield, Manchester, East Hartford, Middletown, Meriden, New Haven, Waterbury, Norwich, New London, Waterbury and Bridgeport. In virtually all these areas there are DMHAS facilities or programs that play a critical role in ensuring those living in their homes who need care, receive care. These individuals access care to psychiatric nursing services in home care, through licensed and certified agencies such as New England Home Care and through their Medicaid benefits. Many of these individuals are dually eligible, living with multiple medical conditions in addition to their mental illness. Skilled and specialized psychiatric nurses are managing and assisting them to live productive and active lives preventing deterioration of their mental health or medical conditions.

The Governor's budget proposes a rate cut of 40 million dollars in the biennium, and this cut, along with the DMHAS cuts will have a profoundly negative impact on the mental health system. These massive cuts will not, as it has been over-simplified, weed out providers who should go out of business; it will not simply lower the cost of care and force providers to conduct business in a cheaper way. It will, in fact, substantially limit our ability to provide care and access to care of those individuals we serve. Here is why the access concern is real. We will not be able to secure physician orders. Many of the physicians who oversee our care plans will be even more limited, many are DMHAS physicians; without physicians to oversee the community plans of care for psychiatric nurses and medication oversight, individuals will be discharged. Those individuals with current, large and recurring spendowns, but who truly cannot afford to pay, will be discharged. We can no



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longer absorb the costs associated with these spenddowns. The unfortunate lapses in eligibility, which are frequent and recurring and are usually a result of individuals' difficulty in filing redeterminations, place the individuals at risk for continued coverage. We can no longer absorb the costs associated with these lapses in eligibility, and they will be discharged. These are not just dramatic and unsubstantiated comments that it might happen. It will happen.

Last week I testified here with many psychiatric nurses. They testified how difficult their job is and how difficult these cuts will make it to continue to do their jobs. Through these highly skilled psychiatric nurses in home care, and working with our DHMAS partners and the Medicaid ASO, Value Options, we have successfully reduced service intensity, taking more individuals into the system but reducing the costs of care to each individual. Taking more individuals into the community, allowing them to live at home, at a lower cost: that is the goal. Again, through partnerships and collaboration with DMHAS Programs, like Young Adult Services, the nurses have achieved these successful reductions by assisting in securing stable housing, successfully training and educating of clients to ensure optimal independence, and by supervising medications and other health care treatments. This can only be accomplished through very strong collaboration and efforts with doctors, treaters, nurses and social workers working within DMHAS funded programs like the Young Adult Services. Since 2011, we have successfully reduced service intensity to many individuals while promoting recovery and wellness with positive clinical and financial results. Our strength is in our ability to partner.

We are a solution to lowering the cost of care, in a quality way, not the problem. We have a proven track record of achieving positive financial and clinical outcomes. We can continue to drive down the cost of care, working with the State's ASO, Value Options, through a combination of skilled nursing skills-transfer and training, incorporation of trained certified aides, and by using assistive technology to promote wellness and recovery. Since 2011, we have reduced service intensity, saving \$8.2 million to the system, with more clients in the system. The home care industry at large mirrors this trend, and we project the cost to care for individuals has gone down and has resulted in service intensity reductions of over \$26 million.

Rate cuts are severe, punitive, and can destabilize the system. Many clients will be discharged and go without care and services. We are seeking to work together to come up with a better solution that will not have these devastating effects. Why cut services that achieve clinical results and save money?

Thank you for your valuable time, attention and consideration.

Sincerely,
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